DWS-UI Form 3HADJC Rev. 4/98

Utah Department of Workforce Services

Unemployment Insurance 140 East 300 South P.O. Box 45288 Salt Lake City, Utah 84145-0288 TEL (801) 526-9400 FAX (801) 526-9236



AMENDED WAGE LIST CONTINUATION SHEET

Page _____ of ____

EMPLOYER NAME AND ADDRESS		REGISTRATION NO FOR QTR ENDING		
		PAGE	OF	
SOCIAL SEC. #	EMPLOYEE NAME	WAGES REPORTED ON WAGE LIST	CORRECT WAGES	DIFFERENCE
TOTALS				